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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
		Application Number	10/814,119-Conf. #8016				
		Filing Date	April 1, 2004				
		First Named Inventor	Kazuya OYAMA				
		Examiner Name	Not Yet Assigned				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2151				
TOTAL AMOUNT OF PAYMENT (\$)		120.00 Attorney Docket No. 2936-0214PUS1					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	02-2448				
		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments					
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
	Utility	310	155	510	255	210	105
	Design	210	105	100	50	130	65
	Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES				Small Entity			
Fee Description	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				210	105		
Multiple dependent claims				370	185		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
39	- 39 = 0	x 50.00	= 0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)			
7	- 7 = 0	x 210.00	= 0.00	HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____					
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	29,271	Telephone (703) 205-8000		
Name (Print/Type)	Charles Gorenstein		Date	September 2, 2008			